## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10043140

CLAIMS AS EILED DADT!												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			20	20				RATE	FEE	٦	RATE	FEE
FOR				NUMBER FILED		NUMBER EXTRA		BASIC FE			BASIC FEE	
TOTAL CHARGEABLE CLAIMS			20 m	20 minus 20=		0		X\$ 9=		OR		
INDEPENDENT CLAIMS			0	ninus 3 =	*	Ò	[	X42=	<del>                                     </del>	1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
MULTIPLE DEPENDENT CLAIM PRESENT							 		<del> </del>	OR	7,04-	
* If the difference in column 1 is less than zero, enter					"0" in (	column 2	L	+140=		OR		
CLAIMS AS AMENDED - PART II								TOTAL		OR	TOTAL	740
_	and the way around the management of the second	(Column 1)		(Colun	nn 2)	(Column 3)	(Column 3) SMALL			OR	OTHER SMALL	
<b>AMENDMENT A</b>		REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
END	Total Independent	*	Minus	**		=		X\$ 9=		OR	X\$18=	
A		* ENTATION OF M	Minus ULTIPLE DE	TIPLE DEPENDENT		=		X42=		OR	X84=	
				LINDEN	CLAIM			+140=		OR	+280=	
								TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE	
	an an animalar and an angle and an area area. The second water	(Column 1) CLAIMS		(Colum		(Column 3)	•			•		
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	:	X\$ 9≂		OR	X\$18=	
	Independent FIRST PRESE	* NTATION OF MU	Minus JLTIPLE DEF	***	CLAIM	=		X42=		OR	X84=	
		-		2.132.11			+	-140=		OR	+280=	
TOTAL ADDIT. FEE OR										OR A	TOTAL DDIT. FEE	
_	ini makamatan wasil saki samit Cinadan sakari sa	(Column 1)	Committee of the commit	(Colum		(Column 3)						
ᇎᅡ		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU PAID F	ER JSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	×	<b>(</b> \$ 9=		OR	X\$18=	
A	Independent	*	Minus	***		=	$\downarrow$	<42=		┟	X84=	
	THOTPHESE	NTATION OF MU	LIPLE DEP	'ENDENT (	CLAIM					OR	7,042	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										+280=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  THe "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1												